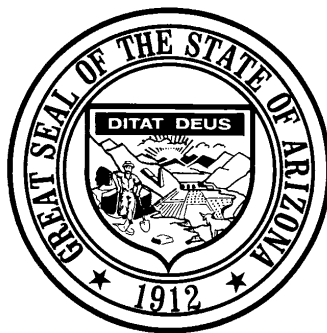

Arizona Medical Board *and the* **Arizona Regulatory Board of Physician Assistants**

Annual Report

Focus on the Future
Year Two of a Three Year Strategic Plan



Arizona Medical Board Members

Patrick N. Connell, M.D., Chairman, Physician Member

Edward J. Schwager, M.D., Vice Chairman, Physician Member

Becky Jordan, Secretary, Public Member

Ronnie R. Cox, Ph.D., Public Member

Jay M. Crutchfield, M.D., Physician Member

Robert P. Goldfarb, M.D., Physician Member

Tim B. Hunter, M.D., Physician Member

Ram R. Krishna, M.D., Physician Member

William R. Martin, III, M.D., Physician Member

Sharon B. Megdal, Ph.D., Public Member

Dona Pardo, Ph.D., R.N., Public Member

William Wong, M.D., Physician Member

DIRECTOR'S REPORT

Barry A. Cassidy, Ph.D., P.A.-C

Taking the agency forward: A review of agency accomplishments and a vision for the future.



Barry A. Cassidy, Ph.D., P.A.-C

In this, my first year as Executive Director of the Arizona Medical Board, I have witnessed first-hand the great deal of determination and strength it takes for a humble State agency to become one of the nation's leading medical boards. With a whirlwind of public appearances, Board meetings, media interviews and operational activities, my time as Executive Director is filled with rewarding challenges. I give credit to the Board members who readily greet opportunities for growth and change and to the staff who enthusiastically make it happen.

When the Board changed its name from the Board of Medical Examiners to the Arizona Medical Board in August 2002, I saw an opportunity to build on a foundation of greatness while developing a vision for the future. This Annual Report outlines some of the agency successes in the last year. It also highlights the Board's ongoing efforts to improve its licensing and adjudication processes—making it one of the top rated medical boards in the nation.

One of my first directives as Executive Director was to reinstate the Board's newsletter, *The Arizona Medical Digest*. Previously named, *BOMEX Basics*, the *Medical Digest* includes articles and information relevant to physician practices in Arizona. It also serves as a reminder to physicians of their obligations to Arizona citizens. The *Medical Digest* is mailed to in-state licensees twice a year, and bi-monthly updates are posted on the Board's website.

Building on the idea behind a newsletter, I have instructed staff to launch an aggressive public outreach campaign. The campaign, targeting a multitude of public and physician audiences, will provide valuable information about the Arizona Medical Board, the conduct others can expect from the Board, and the resources available to them.

This year, I also worked closely with a newly defined Board Technology and Operations team to restructure the Board's physician database—stabilizing a system that has not kept up with the growing amount of information stored in it. Also, as part of the restructuring process, the Board will be able to systematically gather and analyze physician information.

With the information gathered in the database, I will also be working with staff and educational institutions to develop sound statistical inferences about physician population growth and the effects Board actions have on physician practices. Future Board policies, laws and operational methodologies will be based on information gleaned from statistical reports.

Finally, while focusing on the Board's primary responsibility to license and regulate Arizona physicians, many strides are being made to streamline processes, resulting in faster licensing timeframes, reduced investigator caseloads, and efficient agency operations. With these changes, I anticipate firm controls over the administrative functions that affect the public most.

I look forward to continued success as the Board and staff emerge on a new era of regulatory responsibilities. ♦



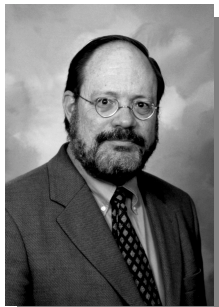
Barry A. Cassidy, Ph.D., P.A.-C
Executive Director

BOARD OVERVIEW

A track record for proven leadership and policy development sets the Arizona Medical Board on top.

In recent years, the Arizona Medical Board gained national recognition for its leadership and forward-thinking initiatives. Additionally, it earned an agenda-setting reputation for progressive legislation and reform. Its vision for the future stretches far as Board members work with staff to develop new policy initiatives and programs such as the Physician Health Program, guidelines for closing a medical practice, office-based surgery and improved controlled substance prescribing guidelines. These successes are due in part to the experienced and talented direction from its three leaders.

Patrick N. Connell, M.D., an emergency department physician, was appointed to the Board in 1997. Dr. Connell previously served as the



Board's Secretary and was named Chairman in August 2001. He is known for leading the Board in policy research—serving as a key leader in the Board's Disciplinary Rules and Physician Health Program development. Dr. Connell is an emergency room physician at Maryvale Hospital and West Valley Health Center. He is President of Maryvale Emergency Physicians, Ltd., Medical Director of Healthwaves, Inc., a corporate wellness company, and Councilor of the Arizona College of Emergency Physicians.

Edward Schwager, M.D., the Board's Vice Chairman, was appointed in 1998. Dr. Schwager is a family physician in Tucson, Arizona. He is also



an Associate Clinical Professor in the Department of Family and Community Medicine at the University of Arizona. Dr. Schwager currently heads the Board's Office-based Surgery Subcommittee. Dr. Schwager is listed in the Best Doctors in America, Pacific Region and is certified by the Board of Family Practice. He previously served as a member of the Executive Council of the Association of American Medical Colleges and President of the Arizona Academy of Family Physicians.

Becky Jordan, a retired Air Force major and state representative, serves as the Board's Secretary and public member. While in the State Legislature, Ms.



Jordan served as chair of the Natural Resources and Agricultural Committee. During her distinguished military career, she received the USAF Commendation Medal with one Oak Leaf Cluster, the USAF Outstanding Unit Award with three Oak Leaf Clusters, the Republic of Vietnam Campaign Medal, the Vietnam Service Medal with four Bronze Service Stars, and the Meritorious Service Medal. ♦

BOARD RECOGNITION

Top ten ranking among medical boards for three years
in a row demonstrates continued excellence.

For the third year in a row, the Arizona Medical Board ranked in the top ten among medical boards for serious disciplinary actions. Importantly, the Board also retained its reputation for fairness as only two cases in the last decade have been overturned in Superior Court.

While the Public Citizen Health Research Group cites conditions such as adequate funding and staffing and excellent leadership as factors to good regulation, the Board has taken additional measures to ensure sound regulatory actions. Notably, over the last three years, the Board passed several consumer protection laws such as Internet prescribing and sexual misconduct that provide the Board with increased latitude when taking discipline.

Additionally, this year, the Board finalized a set of Disciplinary Rules. These Rules provide a frame-

work for consistent and fair regulatory actions. They are also intended to put physicians on notice of the actions the Board may take when there is a violation of law.

Finally, this year, the Board actively worked with a variety of outside organizations to improve reporting of suspicious physician actions. These relationships proved beneficial as the Board was able to take swift actions against physicians within days of the initial report. ♦

Public Citizen Health Research Group	
Year	Ranking
1998	38th
1999	21st
2000	7th
2001	1st
2002	6th

Public Citizen Health Research Group is a Washington D.C.-based consumer advocacy organization that promotes research-based, system-wide changes in health care policy.

PUBLIC OUTREACH

Building public confidence through open and honest communication.

The Arizona Medical Board serves an important function for Arizona citizens. It protects the public from harmful medical practices and provides practical information consumers need to make informed health care decisions. The Board's services also build public confidence and trust in their health care providers and in the agency that regulates them. Getting the word out about this important function is vital to public health and welfare.

This year, the Board continued its on-going public outreach campaign by developing new strategies to further educate the public. Using a multi-media approach, the Board intends to reach large segments of the Arizona population, including older Arizonans, Hispanics, and various public interest groups.

Website

One of the Board's priorities was to redesign its website. After evaluating its current website and other user-friendly sites, the Board launched its new site at the end of this fiscal year. The new website itemizes valuable information in a user-friendly format. When possible, areas of the website will be written in Spanish to assist a large population with limited English proficiency. The website also features a new Consumer Center, Physician Center and Media Center.

The Consumer Center contains informational pamphlets on topics such as the Board's adjudication process and on choosing a doctor. It also centralizes the Board's bi-monthly newsletters, and will host a special "Physicians of Interest" site where notable physicians in Arizona history will

be memorialized for their advancements in medicine or overall community involvement. In the future, this Consumer Center will also house a Speaker's Bureau, providing the public an opportunity to hear Board staff speak on topics of interest such as the Monitored Aftercare Program, Medical Assistants, Medical Records, and the Complaint Process. With the advent of a Speaker's Bureau, the Board intends to have a more active voice in the community.

The Physician Center hosts a one-stop shop for items of interest to physicians, such as license applications, schedule of fees, and information on the Board's adjudication process. This center also contains forms most commonly used by physicians such as a change of address form and a financial disclosure form to patients.

The Media Center currently contains the Board's most recent news releases—providing current information regarding recent Board actions and achievements. The Board also added a Media Fact Sheet which provides accurate sound bites and informs reporters of the Board's general functions.

Finally, in the future, the Board will be posting interactive videos on the website to benefit both the public and physicians. These videos will take viewers through the Board's complaint and formal interview processes, detailing the numerous channels complaints pass through before final adjudication. The videos are intended to make members of the public and physicians appearing before the Board comfortable with their surroundings before attending a meeting.

Arizona Medical Digest

In January 2003, the Arizona Medical Board unveiled its biannual newsletter to its licensees – the first newsletter produced by the Board since 1997. The ***Arizona Medical Digest***, previously known as ***BOMEX Basics***, was re-introduced as a method of establishing a positive relationship with Arizona physicians while providing useful information. Each edition focuses on a key theme while also

informing physicians of common practice errors and important licensure responsibilities. Currently, the *Arizona Medical Digest* is mailed to all active in-state physicians biannually. Additionally, bi-monthly updates are posted on the Board's website. Since its inception, the Board has received positive feedback from physicians regarding the type of information provided as well as the newsletter's fluid format.

Informational Pamphlets

This year, the Board produced five informational pamphlets that were posted on the website and distributed to the public. The pamphlets focused on areas of traditional public interest such as the Board's adjudication process, choosing a doctor, health care practitioner information for older adults, the process for speaking at call to public, and the information available on the Board's website.

Newsletters and Other Media Outlets

In addition to publishing a newsletter for Arizona physicians, the Arizona Medical Board also writes and places articles in various physician and consumer-oriented publications. Articles are tailored to be of interest to the audiences targeted in each publication. This approach provides a consistent message about the Board's role in Arizona to a large population.

As it has in the last few years, the agency worked to develop good relationships with statewide newspaper, television, and radio media sources. These positive relationships, built through honest and open communication, have resulted in a culmination of efforts to inform the Board of potential physician misconduct and report the Board's actions in an accurate fashion. ♦

Comments about the Board's public outreach campaign.

"Your website is fabulous! I am so relieved to see that there are public records available. Thanks."

—Arizona citizen

"I really enjoyed reading your first newsletter. It was informative and user friendly."

—Arizona physician

"Web page is wonderful self-help tool."

—Arizona citizen

"Thanks for the quick response. I wish everyone was as efficient as you are."

—Arizona hospital

"I communicate with all the state medical boards and Arizona is one of the most professional and courteous boards I deal with. Information is always received in a timely fashion."

—Credentialing agency

"I have always received professional, courteous responses from all the people at the Arizona Board. Staff goes above and beyond to help. Thanks to everyone there."

—Arizona physician

"Arizona Board is doing a great job."

—Nevada Board of Medical Examiners

PUBLIC INFORMATION

Providing information to the public is one of the Board's most important functions.

To make informed health care choices, the public must have pertinent physician information. The Board's nationally recognized physician profiles provide virtually all public information in a user-friendly format. Identical information to the website is provided by the Board's call center and public information request forms have been re-designed to make requesting and purchasing agency services more convenient.

This year, largely as a result of the Board's public information campaign to attract users to its website, the number of physician profiles increased dramatically. The number of internal hits to the website, mostly from the Board's call center, fell from 216,700 last year to 85,484 this year. The Board attributes this decrease to the increased number of people accessing physician profiles from the website and to a streamlined internal

query process that eliminates unnecessary steps to accessing a profile. More remarkably, the number of combined website hits accessed internally and externally, increased from 1,624,518 to over three million.

Gauging the increasing number of physician profiles accessed on the Board's website and through the Board's call center, it appears that the increased attention is a direct result of consumers and physicians taking advantage of the broad scope of information afforded them.

It is also encouraging to see an increase in the number of public e-mails received through questions@azmdboard.org, the Board's electronic question and response service. This year, Board staff responded to over 1,000 public questions within 48 hours, 97% of the time. ♦

Public Information Requests			
Type of Information Request	FY 00-01	FY 01-02	FY 02-03
Public E-mails	933	971	1,421
% of Public E-mails Responded to Within 48 Hours	90	96	97
Physician Profiles Accessed (Internally)	109,674	216,700	85,484
Physician Profiles Accessed (Internally & Externally)	N/A	1,624,518	3,196,113

TECHNOLOGY

Technological advancements support an information-sharing environment.

The Board's physician database is more than a compilation of information. It is the primary operating system from which the agency operates and through which public information is distributed. In recent years, the Board realized that its current database could not store and process the amount and type of information needed to provide quality data to the public. Therefore, this year, the Board focused its staff on the enormous task of redesigning the heart of the agency's informational system. In the future, the Board anticipates having a system that will accurately gather data. In turn, staff will be able to make statistical correlations that can be used in future policy setting. Most importantly, having a stable database will ensure the information disseminated to the public is 100% accurate.

Advancements in the database redesign also contributed to the wildly successful "DocFinder" website. This website, developed in collaboration with six other health care regulatory boards combines practitioner data in one website, thus allowing the public to access important information about their healthcare providers. Among the initial participants in the newly launched website were the Arizona Board of Osteopathic Examiners in Medicine and Surgery, the Arizona Dental Board, the Arizona Optometry Board, the Arizona Chiropractic Board, the Arizona Naturopathic Board of Medical Examiners, and the Arizona Regulatory Board of Physician Assistants.

Within days of release, the "DocFinder" website became the focus of statewide media coverage and unprecedented public use. Using on-line statistical software, the Board calculated that the site

experienced 122,605 total hits from 8,622 unique visitors in just the first seven days.

In addition to launching the DocFinder website, the Board also redesigned and re-launched the agency's website. This site, which was originally launched in 1998 to provide physician profiles, grew over the years to provide a plethora of information available to the public. The newly redesigned site now makes this information available in a user-friendly format and organizes information of interest to the public, credentialing agencies and physicians.

Within the next year, the website will contain on-line processes for initial licensure, license renewals and on-line complaint filing. These on-line processes, in conjunction with the Board's adoption of electronic payment cards, will result in increased efficiency in agency operations.

In addition to the upgrades planned for the Board's website, the Board's technology team is also building the foundation for an agency-wide intranet. Current capabilities exist for viewing live on-line webcasts of Board meetings including audio feed. The intranet site will also facilitate internal dissemination of information, including policy manuals, Board agendas and telephone lists. Each agency center will also have the ability to update information in real-time, providing staff with current and consistent information. ♦

LICENSING

Protecting public health and safety begins with licensing qualified physicians.

The Arizona Medical Board issues thousands of physician and physician assistant licenses and permits each year. What few know is that there are just a handful of people committed to processing licensing applications to such a degree of detail and accuracy that they are confident the Arizona Medical Board only licenses those physicians and physician assistants who are competent and safe to practice medicine.

In past years, the average timeframe to issue a license, from date of receipt to final issue, was 120 days. Now, due to process reorganization and proactive measures, the timeframe has been reduced to an average of 30 business days. Additionally, the Board set a new record this year by processing and issuing a license in just three days and has the capability of continuing this remarkable transformation.

The Board's licensing staff now processes on-line verifications for documents physicians and physician assistants often have difficulty obtaining. These verifications include: the American Board of Medical Specialties (ABMS), American Medical Association (AMA) physician profiles, and Fed-

eration of State Medical Board (FSMB) disciplinary searches. Additionally, the licensing staff can verify other state licenses on-line, as well as National Practitioner Data Bank and Healthcare Integrity and Protection Databank searches, which held up the licensing process in the past.

The Licensing staff ensures rapid licensing, support the licensing needs of rural areas provides excellent customer satisfaction. Some of the proactive measures the Board took are as follows:

- Deficiency letters are sent to physicians and physician assistants who have not provided all required documents with the licensing applications. Over the last four years, the Board has sent these letters within 30 days, 100% of the time.
- Realizing the need for healthcare providers in rural areas, the Board will expedite licensing applications when requested.
- With each license granted, a customer satisfaction survey card is issued. On average, the licensing staff obtains a 92% customer satisfaction rating for their excellent work.♦

Licenses Issued			
	FY 01	FY 02	FY 03
Licenses Issued	1,014	1,018	1,242
Resident Permits Issued	1,044	980	1,427
Miscellaneous Licenses Issued	59	76	80
Dispensing Certificates Issued	748	508	328

REGULATION

Refined adjudication processes result in consistent, fair and appropriate Board actions.

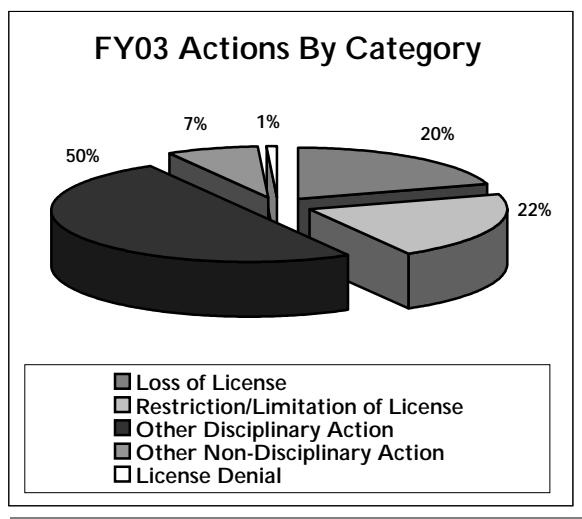
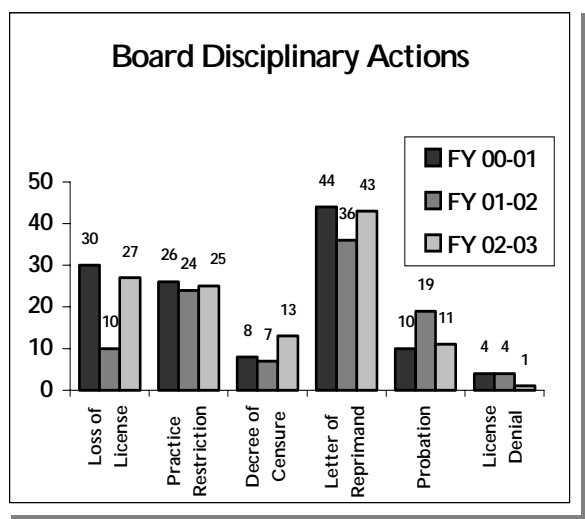
A dichotomy exists between a Board's mandate to protect the public while serving as a fair and impartial trier of fact. This year, while improving upon its processes and providing greater due process to its physician population, the Board also managed to take a record number of actions—135 total, which includes 15 non-disciplinary actions.

Over the last three years, the Board's disciplinary rates have remained mostly constant, with most fluctuations occurring in the loss of license category. This category includes revocations, suspensions, surrenders and summary actions. Of the 27 losses of license, 8 were the result of a summary action. However, loss of license only comprised 20% of the Board's total actions.

By far, the majority of the Board's actions (50%) fall within the other disciplinary action category. These actions include decrees of censure, letters

of reprimand and probation. This is significant as it testifies to the Board's commitment to taking appropriate actions commensurate with the facts presented. Rarely do complaints filed with the Board result in a loss of license. The higher level of actions falling under the loss of license category, as compared to last year, may also be representative of the commitment the Attorney General's Office made to bring cases set for formal hearing before an administrative law judge quickly.

This year, the Arizona Medical Board referred 26 new cases to formal hearing in addition to two subsequent cases for physicians previously referred. Of these referrals, six were resolved within the fiscal year and within an average of 60 business days. Additionally, the Attorney General's Office resolved 17 cases previously referred during past fiscal years. ♦



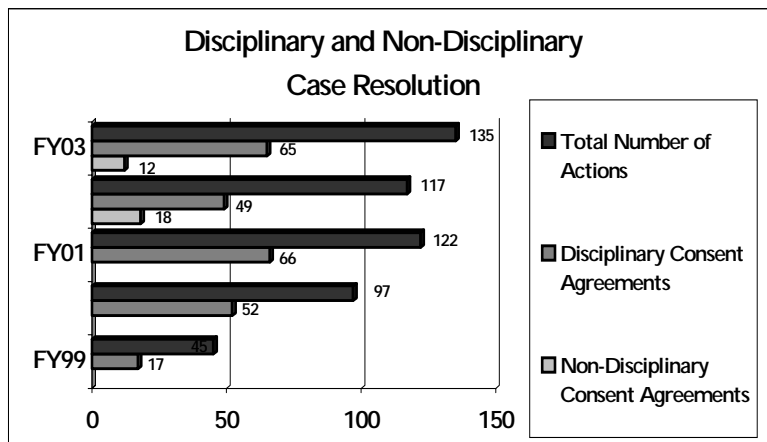
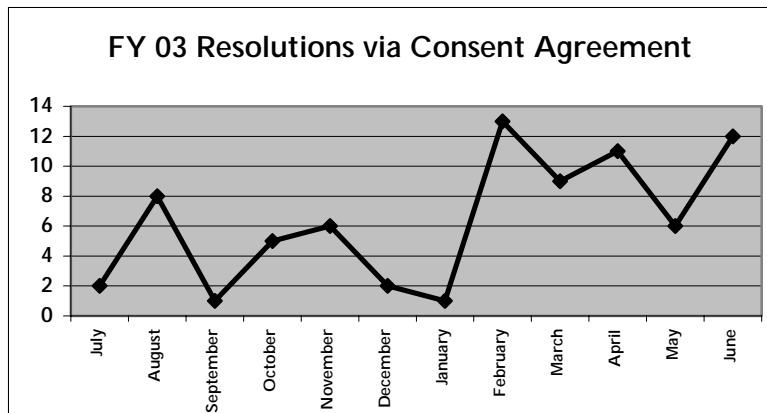
REGULATION

Consent agreements offer option to accept actions without appearing before the Board.

In January 2003, the Board adopted a new process for offering consent agreements. While consent agreements have always been an option available to physicians, the Board never proactively offered them in lieu of a formal interview. With the new process, a consent agreement is drafted immediately after the Board's Staff Investigational Review Committee (SIRC) makes a recommendation for a Board action. The consent agreement is then sent

along with the physician's notice for a formal interview.

As demonstrated by the charts below, 76 physicians opted to enter into a consent agreement in lieu of a formal interview—52 of them between January and June 2003. ♦



REGULATION

Revitalized investigative processes ensure thorough investigations and stringent compliance monitoring.

This year, the Board welcomed the arrival of a new Medical Director, **Beatriz Garcia Stamps, M.D.** Dr. Stamps began her career as an Ob-Gyn and later returned to graduate school to obtain her Master's of Business Administration. Her experience as a regulatory analyst was paramount in the launching of a revitalized enforcement program. After completing a Six Sigma analysis of the agency's current process for complaint intake, investigation and completion, a new Enforcement Center was announced.

The Center is now comprised for four divisions, each specializing in a different regulatory area. The four divisions are:

1. Professional Conduct: Responsible for the investigation of cases involving allegations of sexual improprieties, fraud, prescribing violations, failure to provide medical records, and other related allegations. Investigators assigned to the ethics and morals division have extensive enforcement experience.

2. Quality of Care: Responsible for the investigation of cases involving allegations of negligent medical practices. Medical consultants trained in allopathic medicine and other health care fields investigate quality of care cases to determine whether the physician met the standard of care.

3. Compliance: Responsible for ensuring compliance with Board orders involving practice restrictions and probation. Compliance officers conduct random practice audits, review physician records, and report to the Board any findings of non-compliance.

4. Monitored Aftercare Program (MAP): Responsible for monitoring physicians committed to substance abuse rehabilitation. MAP Coordinators ensure physicians comply with the program's requirements and are safe to practice medicine. Findings of non-compliance are immediately brought before the Board. ♦

Average Days to Complete an Investigation

Year	Days
2001	461
2002	226
2003	208

The average number of days to complete an investigation continually decreases as investigative processes are refined.

Compliance Monitoring

Year	Cases Monitored
2001	190
2002	221
2003	221

The number of compliance and Monitored Aftercare Program cases monitored reflects the continual influx of cases received and successful completion of probationary terms.

BUDGET

Fiscal responsibility provides savings to operate essential programs.

The Arizona Medical Board is funded primarily on its licensing fees. These fees support an agency of almost 60 employees and provide services to the public and its physician population. While the Board's operating appropriations have not increased significantly in the last three years, the Board has managed to provide additional public and physician services.

Notably, the addition of an expanded website, an inter-agency DocFinder website, a full-scale public information campaign, and decreased licensing and investigative timeframes have made the Arizona Medical Board one of the leading medical boards in the country. These services are made possible through efficient operations and cost saving initiatives.

Budget Appropriations			
	FY 00-01	FY 01-02	FY 02-03
<i>Full-time employee positions</i>	<i>54.5</i>	<i>58.5</i>	<i>58.5</i>
Personal services	1,801,200	2,279,600	2,337,000
Employee related expenditures	370,600	470,100	498,100
Professional and outside services	740,700	1,091,100	1,199,200
Travel in-state	65,900	65,900	65,900
Travel out-of-state	20,800	20,800	20,800
Other operating expenditures	461,400	475,600	511,000
Equipment	88,500	197,000	179,000
Operating Subtotal	3,549,100	4,600,100	4,811,000
Attorney General—legal fees	388,200	N/A*	N/A*
Examinations	16,500	N/A**	N/A**
Additional appropriations	727,500	N/A	N/A
Total	4,681,300	4,600,100	4,811,000
<div style="text-align: right;">FY 02-03 JLBC Appropriations</div> <div> <div>*Attorney General legal fees included in professional and outside services</div> <div>**The Board no longer gives examinations</div> </div>			

Among the many efficient processes the Board adopted, there are exceptional operational procedures that have resulted in cost-savings and increased revenue:

- Paperless Board meetings, including Board materials on CD-Rom, have reduced paper, copying and staff resource costs.
- Physician files are scanned, stored in a database and are accessed electronically. No filing system/personnel required.
- Board actions and mandated reports are filed on-line.
- Board and staff policy manuals are prepared and stored electronically.
- Payment cards system provides increased method for payment delivery with less paper-work.
- Materials are printed in black and white, instead of color, when possible.
- Telecommuting and varied work schedules provide internal operational flexibility. ♦

LEGISLATION

Consistent Board action relies on a solid regulatory framework.

Each year, the Arizona Medical Board maintains an active voice in the Arizona Legislature. Persistent lobbying and support for worthwhile issues have led to the passage of numerous consumer protection laws in past years. Even though this year's legislative session was quieter than most, the Board's consistent presence led to the adoption of revised laws that support a solid regulatory framework.

One of new revisions of interest this year includes changing the requirement for physicians to report all criminal convictions to the Board. When this law was initially passed, the intent to inform the public of physician criminal convictions was good. However, as the reports came in, the Board realized that not all criminal convictions—such as walking a dog without a leash—related to a physician's ability to provide quality health care. Therefore, the law was amended to require physicians to report only felony convictions and misdemeanors involving moral turpitude. Additionally, another law was passed which requires all health providers to report to the Board, within 10 days, all misdemeanor charges involving patient safety or a felony.

Secondly, the Board supported a bill that will remove dismissed complaints from the website. Dismissals represent unproven allegations against a physician and are not necessarily representative of poor medical practices. With this in mind, the Legislature passed a bill that now fairly represents proven allegations against a physician.

At the end of this fiscal year, the Board voted to repeal several of its substantive policy statements that were either no longer needed or not supported by law. The Board eliminated substantive policy statements #2, #5, #6, and #8. In the next fiscal year, the Board will address the option of renumbering the existing substantive policy statements.

Finally, in order to effectively regulate health care practices, the Board must publish its policies in statute, rule or substantive policy statements. In August 2003, the Board's Disciplinary Rules will be promulgated. These Rules, the result of extensive research and debate, will provide a basis for consistent Board actions. ♦

Arizona Regulatory Board of Physician Assistants Members

Randy D. Danielsen, Ph.D., P.A.-C, Chairman, Physician Assistant Member

Albert Ray Tuttle, P.A.-C, Vice Chairman, Physician Assistant Member

Michael E. Goodwin, P.A.-C, Physician Assistant Member

G. Bradley Klock, D.O., Osteopathic Physician Member

James Edward Meyer, M.D., Allopathic Physician Member

Sigmund Popko, Public Member

Anna Marie Prassa, Public Member

Joan Reynolds, P.A.-C, Physician Assistant Member

Peter C. Wagner, D.O., Osteopathic Physician Member

Barry D. Weiss, M.D., Allopathic Physician Member

BOARD OVERVIEW

Keeping the public safe through the licensing and regulation of physician assistants.

The licensing and regulation of over 1000 Arizona physician assistants falls within the capable hands of the Arizona Regulatory Board of Physician Assistants. With ten Board members dedicated to keeping the community safe from the unlawful performance of health care tasks as a physician assistant, the Board competently fulfills its mandate. Additionally, the leadership of its Chairman and Vice-Chairman make it one of the leading physician assistant boards in the nation.

Randy Danielsen, Ph.D., P.A.-C is an Associate Professor & Chair in the Department of Physician Assistant Studies at the Arizona School of Health



Sciences. He is a member of the American Academy of Physician Assistants. Dr. Danielsen serves as an affiliate member of the Arizona Medical Association and the Arizona Osteopathic Medical Association, as well as a member of the American Society of Law, Medicine & Ethics.

Dr. Danielsen serves on the Editorial Board of the Clinicians Publishing Group and on the Review Board of the Perspectives on Physician Assistant Education. He received a Masters of Physician Assistant Studies from the University of Nebraska, with specialization in Internal Medicine. Dr. Danielsen is certified by the National Commission on the Certification of Physician Assistants.

Albert Ray Tuttle, P.A.-C is employed by the Northern Cochise Community Hospital in Wilcox, the Sulphur Springs Medical Center in Wil-



cox and at a clinic that is managed by Sunsite Hospital in a medically underserved area. He has been a P.A. in Arizona since 1981 and formerly was a medic in the U.S. Army. During the years that he has been in Arizona, he has worked exclusively in family practice in rural settings and in the ER. He currently

serves on the City of Safford Planning and Zoning Commission and has served on the Special Olympics and other boards that provide services for the developmentally disabled and local mental health providers. He is actively involved as a Boy Scout Leader. P.A. Tuttle is a member of the American Association of Physician Assistants, the Arizona Medical Association, and the Arizona State Association of Physician Assistants. P.A. Tuttle has a special interest in the developmentally disabled and in 1998 became certified as a lifestyle counselor for weight control and stress management. ♦

LICENSING

Physician assistant licensure systems expand as new prescribing and dispensing authorities are granted.

New laws giving physician assistants greater medication prescribing and dispensing authorities went into effect this year. These new laws provide physician assistants who meet requirements for expanded prescribing and dispensing and who receive delegation from supervising physicians to prescribe schedule II and III controlled substances for up to 14 days – a significant increase from the previous 72-hour prescription law. Physician assistants may also prescribe schedule IV and V controlled substances from a period of 34 days to a maximum of five refills in a six-month period for each patient without the consent of the supervising physician.

For the Board's licensing center, these new laws led to the creation of a new system for verifying the educational and certification standards required for the expanded prescribing privileges.

Prior to granting these privileges, physician assistants must certify to the Arizona Regulatory Board of Physician Assistants they have completed 45 hours of pharmacology; have completed 45 hours of clinical management of drug therapy; or are currently certified by the National Commission on the Certification of Physician Assistants (NCCPA). The Board must also receive written delegation from the supervising physician for prescribing and dispensing authorities.

Of the 1,042 physician assistants licensed in Arizona, 514 of them were granted the expanded prescribing authority. The chart below illustrates the increasing number of physician assistants licensed in Arizona. ♦

Licenses Issued			
	FY 01	FY 02	FY 03
Active Licenses Issued	143	182	201
Temporary Licenses Issued	35	45	58
Supervision Notifications Processed	430	462	530
Expanded Prescribing Authorities Granted	N/A	N/A	514

REGULATION

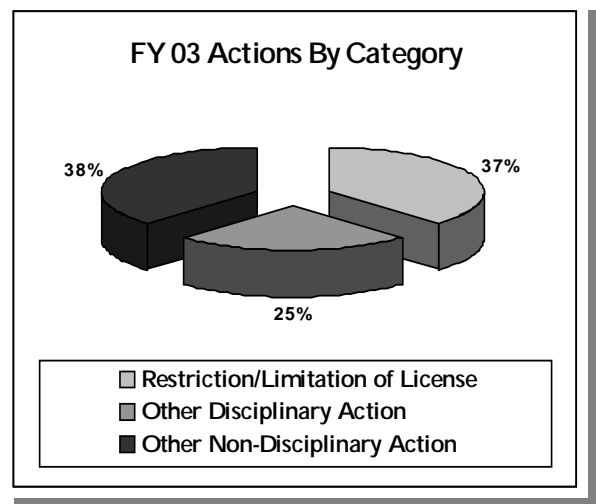
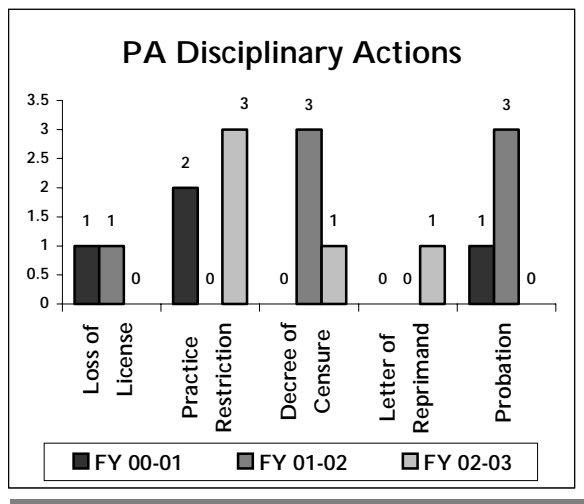
A solid statutory framework provides latitude to take necessary and appropriate actions.

The Board made great progress this year to reform its statutory framework. This new framework provides greater latitude for the Board to take actions when appropriate and also streamlines its processes to match those of the Arizona Medical Board. In turn, this streamlines the processes of the staff that supports it as well as the Arizona Medical Board.

Last year, the Arizona Regulatory Board of Physician Assistants developed an omnibus bill to revise many of its statutes. The bill went into effect this year and since its inception, the Board has worked toward rewriting its Administrative Rules to match the new statutes. Additionally, the Board will add a new Rule for delegating its powers to the Executive Director—another process consistent with the delegations given by the Arizona Medical Board.

In FY03, the Arizona Regulatory Board of Physician Assistants issued eight orders—five disciplinary and three non-disciplinary. Of the five disciplinary orders, the majority of them, 37%, fall within the restriction/limitation of license category. Like the Arizona Medical Board, all physician assistants placed under a restriction, limitation or probationary order are strictly monitored by the Board's Compliance division.

Additionally, it should be noted that while the Board's disciplinary actions seem low, they are consistent with the typical ratio of actions per licensee population. Both the Arizona Regulatory Board of Physician Assistants and the Arizona Medical Board discipline less than 1% of their total licensees. This percentage is also consistent among most other physician assistant and physician regulatory boards. ♦



FOCUS ON THE FUTURE

Integrated processes and interagency cooperation will fuel increased customer services.

As it has in the past, the Arizona Medical Board and the Arizona Regulatory Board of Physician Assistants will continue to work toward efficient processes that benefit the public and licensees. This year was a demonstration of relationship building between State agencies, with the media, with licensees, and most importantly, with the public. These relationships built strong communication ties and erased some of the mystery that surrounded both regulatory boards in the past.

Building public trust is of paramount importance. To build that trust the Arizona Medical Board and Arizona Regulatory Board of Physician Assistants will keep effective channels of communication open. As demonstrated by the millions of hits, the Board's website is a medium that consumers use most when gathering important physician information. The Arizona Medical Board is committed to continually improving this site to meet the needs of consumers in the years ahead and the Arizona Regulatory Board of Physician Assistants will be developing its own site within the next year.

The combined practitioner website, <http://docfinder.state.az.us>, was a major success last year as it provided profiles for seven health care practitioner groups. The Board expects that this success will encourage other Arizona health care boards to provide their data to the site as well. Additionally, as advanced technology automation becomes possible, the Board expects information on the DocFinder site to be updated more regularly.

In addition to educating the public through public speaking events, pamphlets and physician profiles,

the Arizona Medical Board will also build on existing educational formats to increase physician education. Next year, the Board will host an on-line physician testing program. This program will provide an overview of the Medical Practice Act and ask physicians to answer a series of multiple choice questions based on written scenarios and true/false questions about appropriate physician practices.

This year, the Arizona Medical Board videotaped a Board training day which included a segment where Board members conducted a mock formal interview. This videotape was provided to members of the Arizona Regulatory Board of Physician Assistants and will be provided to new Board members as part of their orientation. The Board is also in the process of editing the mock formal interview video. Clips of the formal interview process, on CD-Rom, will be provided to all physicians invited to appear for a formal interview. The Board expects that with the formal interview investigative materials already provided, the video will provide physicians an added level of understanding about the formal interview process.

The initiatives started this year, and others to come, represent the Arizona Medical Board's and the Arizona Regulatory Board of Physician Assistants' commitment to improving health care information and delivery. Both boards will continue to build relationships with integral stakeholders and press forward with communication strategies for information dissemination. The focus for the two boards is truly on the future—stand by as future developments unfold. ♦